



Maggie Brooks
County Executive

- ☐ New Enrollment
☐ Change in Enrollment
☐ Cancel

MONROE COUNTY
QUALIFIED PRE-TAX PARKING/TRANSIT COMMUTE PROGRAM
2015 ENROLLMENT FORM

EMPLOYEE INFORMATION (Please Print)			
Employee Name:		Social Security #:	Date of Birth:
Address:		City:	State: Zip code:
Email Address:		Work Telephone:	SAP ID:
Garage Most Often Used:	Address:		Card/Permit #:

- ☐ I ELECT to enroll in the Qualified Pre-Tax Parking/Transit Commute Program and hereby authorize the following. I understand that:
- I will be paid from the reallocation account(s) upon submission of properly prepared claim forms.
 - All claims must be received by Health Economics Group, Inc. by Wednesday, Dec. 2, 2015.**
 - After Dec. 2, 2015, any remaining balance will be refunded and taxed in my Dec. 11, 2015 paycheck.
- ☐ I park at the Civic Center Garage, High Falls, MAPCO or Sister Cities and wish to have my payroll deduction paid directly to the garage on a monthly basis. For any increases in your monthly payment from the garage and/or parking lot, your pay period adjustments will be made accordingly. **Direct Pay Parking enrollment is a rollover from year to year. You do not have to re-enroll if you participated in 2014.**

EMPLOYEE ELECTIONS		
Unreimbursed Qualified Pre-Tax Parking/ Transit Commute Expenses Total Deducted from my salary for qualified pre-tax parking/transit commute expenses per month. The deduction will start the first of the following month in which the application is received. Deductions will be made on a bi-weekly basis.	\$ _____ PER MONTH	DO NOT WRITE IN THIS BOX <i>Pay Period Start</i> <i>Per Pay Period</i> ____/____/____ \$ _____

Direct Deposit Bank Information (Mandatory). <i>Must attach a voided check (NOT A DEPOSIT SLIP) if not already on file with HEG.</i> <i>Check here if already on file with HEG:</i> <input type="checkbox"/>	
Bank Name:	Routing Number:
Account Type: Checking <input type="checkbox"/> Savings <input type="checkbox"/>	Account Number:

Employee Signature: _____ Date: _____

Please return this enrollment by Friday, December 5, 2014 to:
Human Resources, Room 210, County Office Building
39 West Main Street
Rochester, NY 14614
e-mail: hrrbenefits@monroecounty.gov